Thorek MEMORIAL HOSPITAL

Financial Assistance Program — Patient Application

850 W. Irving Park Road | Chicago, IL 60613 | (773) 525-6780

INSTRUCTIONS: Complete all sections. Attach supporting documentation for each income source and monthly expense listed. Incomplete applications may delay processing. Submit to Patient Financial Services at the address above or hand to your care team.

Last Name:		**First Name:**		**Date of Birth:**	
Address:		**City:**		**State/ZIP:**	
Phone:		**Email:**		**MRN / Account #:**	
Household Size:		**# Dependents:**		**Marital Status:**	

Income Source		Monthly Amount
Gross Employment Wages (Self)	$	
Gross Employment Wages (Spouse/Partner)	$	
Social Security / Disability (SSI / SSDI)	$	
Pension / Retirement Income	$	
Unemployment Benefits	$	
Workers' Compensation	$	
Child Support / Alimony Received	$	
Self-Employment / Business Income (net)	$	
Rental Income	$	
Investment / Dividend Income	$	
Other Income (describe): _____	$	
TOTAL GROSS MONTHLY INCOME	**$**	

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Expense Category		Monthly Amount
HOUSING		
Mortgage Payment (Primary Residence)	$	
Rent Payment	$	
Property Taxes (if paid separately)	$	
Homeowner's / Renter's Insurance	$	
HOA / Condo Fees	$	
TRANSPORTATION		
Car Payment #1	$	
Car Payment #2	$	
Auto Insurance (monthly equivalent)	$	
Gas / Fuel	$	
Public Transit / Rideshare	$	
UTILITIES & HOUSEHOLD		
Electric	$	
Gas / Heat	$	
Water / Sewer / Trash	$	
Internet / Cable / Phone	$	
Cell Phone	$	
DEBT PAYMENTS		
Credit Card Minimum Payments (total)	$	
Student Loan Payments	$	
Personal / Signature Loan	$	

Medical Bill Payments (other facilities)	$	
Child Support / Alimony Paid	$	
Other Debt (describe): _____	$	

Total Gross Monthly Income (from Section 2)	$	
Total Monthly Expenses (from Section 3)	$	
NET MONTHLY INCOME AFTER EXPENSES	**$**	

Check each item enclosed with this application:

☐ Most recent federal tax return (Form 1040) — all pages
☐ Last 3 months of pay stubs (all household earners)
☐ Social Security / Disability award letter (if applicable)
☐ Pension / retirement income statement (if applicable)
☐ Unemployment benefit determination letter (if applicable)
☐ Most recent bank statements (last 3 months, all accounts)
☐ Mortgage statement or current lease/rental agreement
☐ Government-issued photo ID
☐ Proof of household size (birth certificates, school enrollment, etc.)

I certify that the information provided on this application is true, accurate, and complete to the best of my knowledge. I understand that misrepresentation of financial information may result in denial of assistance and/or liability for the full balance owed. I authorize Thorek Memorial Hospital to verify the information provided and to share this application with its financial assistance review committee.

Patient / Authorized Representative Signature	Relationship to Patient	Date

For office use only — Date Received: _____ | Reviewed by: _____ | Decision: ☐ Approved ☐ Partial ☐ Denied | Discount %: _____